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ABSTRACT

A project was proposed to develop a system for the location of unserved handicapped students (3 to 21 years old) and a model for facilitating cooperative planning between the Dallas Independent School District and a major community agency. Efforts to ensure the continuation of these activities included the development of a computerized information system, a referral procedure, and a public awareness campaign. The project located 88 unserved handicapped children through a public awareness campaign and a house-to-house convas. The most successful child find activities were human service agency visits and a poster displayed in neighborhood business establishments. Delays of placement were typical and only 37 of the children were placed before the end of the school year. (Appendixes include maps of the areas surveyed, sample news releases, and a synopsis of the developmental evaluation scale. (Author/SBH)

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Project: Zero Reject

A System for Locating and Planning for Unserved Handicapped Children

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Submitted in partial fulfillment of the requirements for the degree of Doctor of Education, Nova University

Dallas II Cluster
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Maxi II
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ABSTRACT

The national right-to-education movement has resulted in a mandate to provide comprehensive services to all handicapped children from 3-21 years of age. This mandate necessitated the development of a system for the location of unserved students and an interagency planning model to facilitate the shift of responsibility for serving handicapped students from other non-profit organizations to the public schools. This practicum proposed to develop a system for the location of unserved handicapped students and a model for facilitating cooperative planning between the District and a major community agency. Efforts to ensure the continuation of these activities included the development of a computerized information system, a referral procedure, and a public awareness campaign.

The project located 88 unserved handicapped children through a public awareness campaign and a house-to-house canvass. The most successful means of locating these children were human service agency visits and a poster displayed in neighborhood business establishments.

Delays of placement were typical and only thirty-seven of the children were placed before the end of the school year.

INTRODUCTION

The Education Amendments of 1974 (P.L. 93-380) required state departments of education to develop plans to locate, evaluate, and diagnose all handicapped children in order to receive federal funding for special education. Grant proposals were sought by the Texas Education Agency. The grants were to seek cost effective, efficient systems for locating unserved handicapped students and for interagency planning. The practicum participant competed for funds to support such a project. Project Zero Reject was one of five programs funded in Texas under the authority of Title VI, Education of the Handicapped Act, Part B. It was the only project funded in a large urban setting.

The project teamed the Dallas Independent School District with the Dallas County Mental Health and Mental Retardation Center. This agency was chosen because its major function in the community is to identify unmet needs of the handicapped population and to develop programs to meet these needs. Their role in the community and the goals of the project were very compatible.

Child find activities were conducted through two major strategies, a public awareness campaign and a house-to-house canvass. An effort was made to compare the results of these two efforts and to compare their costs.

A computerized information system was designed to facilitate long range planning and to monitor programming of students. A referral procedure was initiated to provide human service personnel access to the special education delivery system when they located a handicapped student who needed these services.

Interagency planning and coordination was attempted between the District and the cooperating agency.

Unanticipated products of the project included a workshop to train eighteen multidisciplinary teams of appraisal personnel in the assessment of multiply and profoundly handicapped children and a summer clinic which evaluated sixty-four of the found students. Both of these activities were fully funded because new specific needs had been generated by the project.

STATEMENT OF THE PROBLEM

A quiet revolution has been fought in American education during the past few years to provide for the right of an education for all American children and particularly those known as the handicapped (Weintraub and Abeson, 1974). This revolution has been facilitated by a stream of judicial decisions which is still gaining momentum (U. S. News and World Report, May, 1974). The courts have made it clear that school officials have an obligation to search for and find every handicapped child as well as provide an appropriate education for him (Reynolds, 1973).

A court decision in the fall of 1971 in Pennsylvania resulted in a major project to identify, locate, and evaluate all school age retarded children who were not in school. The child-find effort was entitled COMPILE (Commonwealth Plan for the Identification, Location and Evaluation of Mentally Retarded Children). This project developed a statewide census procedure which included census forms and a manual for gathering data on out-of-school exceptional children from birth through twenty-one years of age (Pennsylvania Department of Education and Public Welfare, 1972).

The North Carolina Department of Public Instructions Division for Exceptional Children (1975) designed a census to locate approximately 300,000 special students in the state who were not in school. This census was mandated by state legislation.

Other efforts to locate unserved handicapped students were reported at a Child Find Conference sponsored by the National Association of State Directors of Special Education (1975). Motivation for this conference was provided by provisions in a federal law (P.L. 93-380) which required state education departments to develop plans to identify all handicapped children in order to receive federal funds.

The right-to-education revolution in Texas resulted in Senate Bill 230 which mandated a comprehensive special education program (Plan A) for all handicapped children from three to twenty-one years of age by 1979. This bill also provided public schools the option to contract with agencies to serve those students who need a type of program which is not currently available in the public school system.

Since the beginning of this practicum, additional impetus for the development of child find and planning systems has been provided through enactment of Public Law 94-142. This law was enacted November, 1965 as the Education for All Handicapped Children Act and it is scheduled for full implementation in fiscal year 1978 (Goodman, 1976). This legislation mandates child find systems and long range planning documents. It gives priority to students not currently served. Financial incentives are provided to serve more children and to serve the more profoundly handicapped who have formerly been excluded from school (N.A.S.D.S.E., 1975).

The full service goal or zero reject features of current legislation requires long range planning, a careful allocation of available resources, and cooperative alliances between public school systems and community agencies who serve handicapped students. The following problems were identified as roadblocks to the adequate planning and implementation of the comprehensive legislation:

(1) Efforts to locate the unserved handicapped population had been fragmented and random.

Project: FIND, a developmental disabilities grant obtained by the Dallas Association for Retarded Citizens had located 110 handicapped infants through minimal information dissemination activities. The Dallas County Mental Health and Mental Retardation Center had completed a study of the waiting lists of institutions and agencies who served handicapped students. The District had provided principals with a letter to parents to be sent with students. Six thousand of these letters (See Appendix A) were sent to homes in a targeted area the previous spring and only six responses were achieved. All of these activities had been conducted in isolation and with little communication between the agencies.

(2) No census information was routinely available to provide the number of handicapped students approaching three years of age to serve as a basis for short-term and long-term planning.

Twenty-six of the fifty-one states have state wide censuses that include exceptional children (Pennsylvania Department of Education and Public Welfare, 1972). These states are required by state law or code to conduct a census. The state of Texas no longer requires a school census. Numbers of out-of-school students are difficult to estimate. Table 1 shows an analysis of in-school students during the 1973-74 school year with estimates of handicapped children computed with the national incidence percentages. These figures are based upon a student membership of 184,000.

Table 1

STUDENTS BY HANDICAP IN DISD COMPARED WITH NATIONAL INCIDENCE FIGURES

Handicap	Incidence	DISD Served	DISD Unserved	% Served	% Unserved
Visually Handicapped	.10	68	116	37	63
Auditorally Handicapped	.60	382	722	35	65
Minimally Brain Injured	.50	436	484	47	53
Orthopedically or Health Impaired	.60	586	518	53	47
Educable Mentally Retarded	2.00	1921	1759	52	48
Trainable Mentally Retarded	.50	524	396	57	43
Emotionally Disturbed	2.00	586	3094	16	84
Total	6.30	4503	7089	39	61

This table indicated the estimated incidence of various categories of handicaps, identifies the number of these students currently served and estimates the unserved percentages. For example, this table indicated that of the .10 percent of the estimated visually handicapped population, the District served 37% of this population (or 68 students). An estimated .60 percent of the general population is auditorially handicapped. Sixty-five percent of this population (or 722 students) remained unserved. Forty-seven percent of the estimated portion of the population who are minimally brain-injured were served by the District. Approximately fifty-three percent of the orthopedically handicapped and other health impaired students were in the District's program. Only fifty-two percent of the educable mentally retarded, fifty-seven percent of the trainable mentally retarded and sixteen percent of the emotionally disturbed were enrolled in special education programs. The 4503 students enrolled in our special education programs represented only thirty-nine percent of the estimated handicapped population.

Present information can not determine whether the unserved students noted in the table are out-of-school students or unidentified in-school children. Cruickshank and Johnson (1967) remind us that the national incidence figures are only rough estimates of the total picture. They are projected from stratified samples of U. S. Bureau of census figures. Marked fluctuations exist between areas and this minimizes the value of these national norms. According to Cruickshank and Johnson, however, these incidence estimates are extremely low for urban areas so a discrepancy between the number of students served in the Dallas Independent School District and the number of estimated students would represent a clear indication of an unserved population. In spite of the fact that they are gross estimates, these incidence figures are also utilized by governmental agencies and advocacy groups to assess the adequacy of the District's program.

(3) Formal guidelines for the routine referral of potential handicapped students were not available to human service personnel.

Persons in human service roles frequently discover out-of-school handicapped children during the routine performance

of their duties. No formalized system had been developed to facilitate the routine referral of these out-of-school children to the District. Public health nurses, welfare workers, physicians and other related personnel had no efficient, direct method of communicating the pertinent data about the potential student to school personnel for planning and school placement recommendations.

Agency personnel called the school administration building and asked for someone to help them find a program for a handicapped child. Their call was usually referred to special education. A staff member of the department took the call if they were in the office. If no supervisor or administrator was in the office, a secretary took their name and number.

Since special education can not place a child until a complete appraisal has been done, the call was frequently transferred to Pupil Personnel Services.

In either case, detailed explanations of what was required for placement, what material needed to be forwarded to the District, and other details had to be explained over and over again.

(4) The implications of the zero reject concept, of Senate Bill #230 had not been fully understood by parents, school personnel or community agency personnel.

Many parents, school personnel, and community agency personnel lacked information regarding the comprehensive special education program in Texas. Many of them did not know that the minimum age is three years and that the upper age limit extends through twenty-one. Many of them did not recognize that profoundly handicapped children are eligible for public school services. Others did not recognize the legal rights of parents and children.

(5) A clear delineation of roles and repsonsibilities had not been coperatively developed between public school systems and agencies to provide a wide range of community program options and to prevent duplication of services.

Many agencies in the community serve handicapped students. Gaps existed in community service options and there was duplication of some services. For example, the Dallas County Mental Health and Mental Retardation Center provided a twelve month educational and extended day care programs for approximately 200 handicapped students

from 18 months to 16 years of age. All of the students in this group who were over three years of age were eligible for public school programs under current Texas legislation, however, they had not been referred to the District.

No precise delineation of agency and district roles and responsibilities had been developed to indicate which handicapped students should be served in community agencies and which may be served in a public school campus setting.

A joint planning effort was needed to enable some agencies to shift their program emphasis to the over twenty-one year old population or some other area of unmet need.

In summary, there were two major areas of concern as the District began to implement the zero-reject features of the comprehensive special education legislation. These two areas were:

(1) No system for locating out-of-school handicapped students had been developed.

(2) There was no coordination of existing programs for handicapped students and no joint planning model.

The major operational objectives of the practicum included the following:

(1) Reduce by July, 1976, the discrepancy between the number of mentally retarded, physically handicapped and emotionally disturbed students currently served and the number indicated by national incidence figures by 50% through the development of an effective system of seek-and-find activities.

(2) After a period of implementation, develop role descriptions and responsibility differentiation for the delivery of services within the population of the Dallas County Mental Health and Mental Retardation Center and the District, such that the role descriptions and responsibility differentiations are judged as realistic by 85% of the agency and District officers.

(3) Develop and test an effective system of referral of potential handicapped children from human service personnel to the District by February, 1976, and develop and operate a computerized information system to monitor referrals and to facilitate short term and long range planning.

The anticipated products of the practicum included:

(1) An increased handicapped population receiving services.

(2) An estimate and demonstration of the most cost-effective and efficient method of locating unserved handicapped children.

(3) A cooperative planning and service agreement between two major agencies.

(4) A computerized data base and a referral system.

DISTRICT-MHMR ORGANIZATION

For the purpose of this project, a joint contract was developed between the District and MHMR (See Appendix B). This contract specified the duties of each agency and the funds to be provided to MHMR for the purpose of employment of staff and the operation of the project.

The project added the same personnel to each agency to provide for team partnerships and for equal resources in each agency. A team approach was chosen to demonstrate the need for coordination of efforts rather than fragmented activities sponsored by agencies and advocacy groups in isolation from each other.

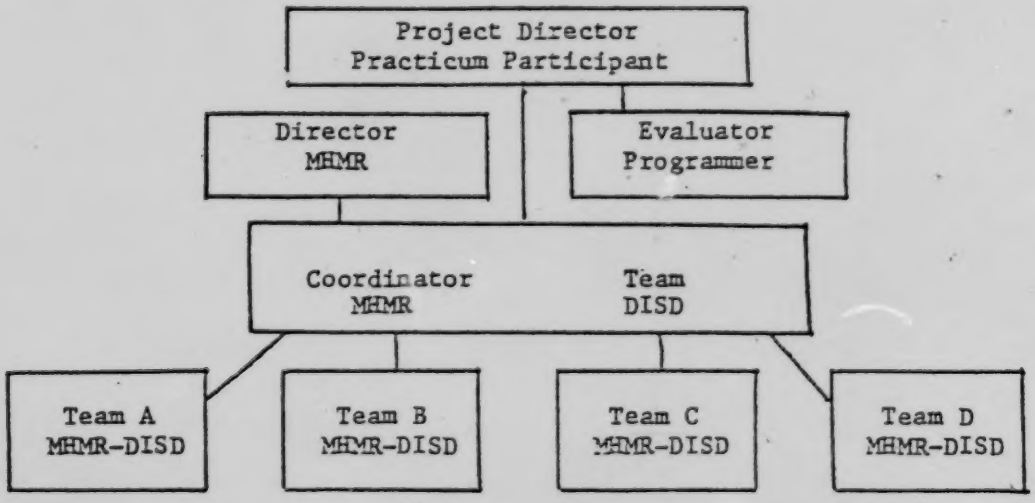
One social worker was employed by the District and one social worker was employed by MHMR. These two social workers acted as a coordinating team and reported directly to the Project Director. Four interviewer case aides were employed by the District and four were employed by MHMR. These eight case aides were organized into four teams of two. One case aide on each team was from the District and one case aide was from MHMR.

Additional resources to the project included an evaluator and a computer programmer. The project director, the evaluator, and the programmer were on the District's payroll.

Table 2 indicates the administrative organization of the project.

FIGURE I

ADMINISTRATIVE ORGANIZATION OF PROJECT PERSONNEL



Weekly meetings of the administrator in charge of project for MHMR and the coordinating team were held in the practicum participant's office. Areas discussed, actions recommended and duties assigned were recorded and a written summary was provided each person. These summaries were used as a check-list at the subsequent meeting to insure that project activities were progressing satisfactorily.

CHILD-FIND ACTIVITIES

The child-find activities were organized into two levels. Level one was a public awareness campaign and level two consisted of a house-to-house canvass. These two major activities were selected as the methods of reaching all potential referral sources. The two levels of seek-and-find activities were conducted in distinct blocks of time in an effort to determine which activity was the most successful in locating children. Costs were attached to these child-find activities, also.

The house-to-house canvass was conducted in four school attendance zones (See Appendix C). One of these schools was located in each of the four sub-districts of the Dallas Independent School District. Two of the schools were classified as middle level, one of the schools was classified as upper middle level and one was classified as lower level, on a Social Economic Index. These school communities were classified

by the Research and Evaluation Department of the District utilizing indicators which included occupation, house value, education, amount of income and source of income. These four communities reflected the socio-economic status of the entire District which is approximately one-half middle income, one-fourth lower income and one-fourth upper middle income.

The ethnicity of the school population in the four selected schools represented the three major groups in the District: Anglo, black and Mexican American. The percentages of black and Mexican American population in the targeted areas were slightly lower than the percentages of the entire District population.

Public Awareness Campaign

An Advocacy Group Advisory Council was formed to assist in planning the public awareness campaign. Twelve advocacy groups were represented at the first meeting on October 2, 1975. (See Appendix D). The project was explained to the group and their recommendations were noted. The following public awareness strategies were implemented:

(1) A twenty-four hour answering service was installed.

(2) A slogan, "Public Schools Are for The Handicapped, Too," was selected.

(3) Fifteen thousand brochures were distributed in English and Spanish. These borchures included the slogan, the number of the answering service and the minimum and maximum legal age of handicapped students.

(4) Ten thousand bumper stickers, door knob-hangers, buttons, telephone stickers, and posters were also printed and distributed.

(5) Packets of materials were provided to each advocacy group for distribution to their membership.

(6) A media campaign was conducted through television news features, radio and television public service announcements and news releases to weekly and daily newspapers. (See Appendix E).

(7) Community groups programs were presented to organizations such as the Parent Teachers Association, Kiwanis Club, Rotary Club and other similar groups.

(8) Project teams placed posters in heighborhood shopping centers, churches, libraries, and other public buildings.

(9) Telephone stickers and packets of materials were mailed to all local physicians.

(10) Project materials were distributed to personnel in twenty-five major human service agencies.

The public awareness campaign activities began in October, 1975 and extended through February, 1976.

Door-to-Door Canvass

The house-to-house canvass began the third week in March and extended through the middle of May. This canvass was conducted in a targeted area consisting of the attendance zones of four elementary

schools located in the four quadrants of the District. These four schools represent the socio-economic levels and ethnic population of the District.

Prior to the beginning of the canvass the principals of the four schools mailed letters to their parents indicating canvass plans. Project staff members worked in teams of two and knocked on the 8,486 doors in the four specified attendance zones. One pair of interviewers canvassed about 100 houses in an average working day. Team members wore buttons, carried project materials and identified themselves as being from the school district.

The standard canvass porcedure was to ask residents if they know of any handicapped children in the neighborhood who were not in school and if they knew about Senate Bill #230. The interview usually lasted about one and one-half minutes unless the resident knew of a handicapped child.

Public awareness materials were also distributed to the residents during the canvass. The teams also left a door knob hanger containing the project slogan and telephone number on all unanswered doors.

Table 3 indicates the number of doors approached and answered in each school area. The highest percentage of doors answered was in the low income area and the next highest percentage was in the upper middle income area. The two school areas considered to be middle class had the lowest percentage of doors answered.

INTERAGENCY COOPERATION AND PLANNING

Efforts to facilitate the delineation of agency roles and responsibilities were initiated and a computerized information system was planned and partially developed.

Staff members of the District and MHMR read and discussed agency policies, funding sources, governing procedures and program services. They attended board meetings and budget hearings of both agencies. They took periodic field trips to program sites of each agency and observed program activities. They conducted joint study sessions on P.L. 94-142 and explored its implications. They discussed the continuum of service models developed by Deno (1970) and extended it to include the birth-to-death handicapped population.

The MHMR staff trained several District staff members to become trainers of personnel in the utilization of the Developmental Evaluation Scale developed by MHMR. The District resources were used to print the Developmental Evaluation Scale in a manageable form. The District staff also invited state agency personnel to these training sessions to explore the use of the DES as a screening tool for the state's appraisal services. The District staff also reviewed and critiqued a curriculum for profoundly retarded children which was developed by MHMR.

Table 2

NUMBER OF DOORS APPROACHED AND ANSWERED IN THE HOUSE-TO-HOUSE CANVASS

School Area	Socio-economic Level	Number of Doors Approached	Answered	Percent Answered
Colonial	Low	2189	1013	46.3
San Jacinto	Middle	1633	502	30.7
John Carpenter	Middle	2979	777	26.1
Harry C. Withers	Upper Middle	1685	614	36.4

REFERRALS AND CASE MANAGEMENT

Direct referrals to the District by human service personnel were facilitated through the twenty-four hour answering service and a Project: Zero Reject form (See Appendix F) for direct requests for comprehensive special education services. Prior to printing the form it was field tested by District personnel who had received referrals by phone and by three human service agencies. Minor modifications made at the request of the persons who tried the form included the verification that the referral had been discussed with parent and the primary home language notation. A suggestion was also made to put the form on NCR paper so the person completing the form would have a copy.

The major human service agencies (N=25) were visited, a supply of the forms were delivered and the steps to be followed were delineated. The steps in the referral process were as follows:

(1) Human service agency completes the form (except for the section to be completed by the District).

(2) The form is mailed to the Adaptive Education Department of the District (one copy is retained).

(3) The District staff mails a Permission to Request and Share Information Form to parent/guardian.

(4) Upon receipt of this permission, the available records on the child are requested by the District.

(5) Upon receipt of the materials, the case is reviewed by a staffing committee. If materials meet state criteria and child is eligible, a staffing conference is scheduled and parents are invited.

If materials are not adequate and do not meet state criteria, additional appraisal of the child is scheduled. Following its completion, a staffing conference is conducted.

The project staff received 345 calls on their answering service between November, 1975 and June, 1976. Procedures had to be developed to screen these calls and to respond appropriately. The following steps were usually followed:

(1) Referral was made on the 24 hour line by a parent, other relative, human service agency or school.

(2) The Project: Zero Reject Intake Sheet (See Appendix H) was completed by staff member. This intake sheet noted the reason for concern and names of all persons or agencies who had attended the child or may have records regarding his/her handicapping condition.

(3) A case worker took a District release permission form to the parents home to secure their written permission to continue the referral process.

(4) Project staff contacted all persons who had seen the child and obtained copies of all available psychological and medical records.

(5) Project staff reviewed material. If material was inadequate, unavailable or not current, a Developmental Evaluation Scale was administered (See Appendix I).

The Developmental Evaluation Scale was developed by MHMR to be administered by paraprofessionals as a screening instrument for determining whether or not a referral was a high risk and warranted a complete appraisal.

(6) Project staff referred the case to the appropriate staff of the District to complete assessment, staffing and placement. The front sheet of the material was the Project: Zero Reject Request for Services Form.

Once the project staff made this referral to the District, the project staff was no longer responsible for the case.

Approximately one-half of the calls (N=168) received on the answering service were programmatic complaints. Parents were dissatisfied with the school placement of their handicapped child, the content of the child's curriculum, the progress the child was making or some other aspect of the child's current program. Many of the public awareness materials only contained the slogan and the telephone numbers. The callers were not aware that they were complaining to District personnel about the District's program. The project was seen as a third party who could act as an advocate on behalf of the child.

Procedures were developed to handle programmatic complaints. The following steps were taken:

(1) Special stationary was designed to symbolize the project's third party identity and advocacy role (See Appendix J).

(2) Project staff members wrote down the specific details of the programmatic complaint.

(3) Project staff indicated an interest in sharing this complaint with the principal, the principal's supervisor and the special education consultant assigned to the school. The parent agreed, in every case, to allow this to be done.

(4) A letter was written by the project director (practicum participant) noting the content of the programmatic complaint. The letter was written on project stationary and carbons were sent to the supervisor of the principal and the special education consultant.

(5) Feed-back was requested regarding the action taken to respond to the programmatic complaint.

A computerized information system was designed and developed to facilitate tracking students and long range planning for education services for handicapped students. During the duration of the project a computer file was completed of the student population of special education. Special education teachers were used as the information source for maintaining the date base once the initial file was completed.

The following items were identified by project staff as information which was needed in the computer file:

1. Student name
2. District identification number
3. Special education identification number
4. Ethnicity
5. Gender
6. Date of birth
7. Grade associated with chronological age
8. Attending school code number
9. Home school code number (noting number of school child would attend if he were not in special education)
10. Teacher identification code number
11. Instructional arrangement (a code referring to twelve instructional arrangements from least to most restrictive)

12. Appraisal status (code referring to date of last appraisal)
13. Primary handicap (A code for one of seventeen handicapping conditions specified by the Texas Education Agency)
14. Secondary handicap
15. Prior service
16. End of year disposition

All special education students were entered into this data base including the students found through the seek-and-find activities of the project.

EVALUATION

Community Awareness

Community awareness increases were assessed through a pretest and post-test survey of a random sample of parents in the four targeted schools. The four schools represented three socio-economic groups. A sample of eighty households were included from the four targeted schools: Colonial (N=20), Carpenter (N=25), San Jacinto (N=25), Withers (N=10).

The pretest (See Appendix K) was conducted during the third week of November. The survey was conducted by telephone by the project staff.

Results of the survey showed that 5 of the 80 parents had ever heard of Texas Senate Bill #230 and all five of those parents lived in the upper middle class attendance zone.

Only 23 percent (N=18) believed that three years was the age at which Texas schools are legally required to accept handicapped children, and 19 percent (N=15) believed that twenty-one years was the terminal age for accepting children into public schools.

Seventy-eight percent indicated that Texas public schools could not refuse to accept handicapped children of legal age.

Parents were also asked to describe the phrases "handicapped" and "special education." Forty percent of the sample described a handicapped child as one who displayed some type of mental, physical or emotional disability. Eleven percent of the parents said it was someone who was not normal, ten percent said it was a "slow learner," six percent said it was someone who "needed special help or attention," five percent said it was someone who was crippled. The remaining parents who responded described the handicapped as someone who was helpless or retarded. The remaining parents (21 percent) did not respond to the phrase, "handicapped."

"Special Education" was something for slow learners (34 percent), a class that provided help (30 percent) and a class for the retarded (19 percent). Only three percent described special education as something for children with emotional problems. 14 percent did not respond to the phrase, "special education."

Part two of the pretest version attempted to assess the parents perceptions of handicapped children. The pretest contained description of fourteen hypothetical children. Seven of the described children had legitimate handicapping conditions which would make them eligible for special education and seven descriptions were of conditions which were not eligible.

Survey results indicated parents were more likely to view vision, hearing, orthopedic problems, and retardation as handicaps. Speech disorders and learning disabilities were infrequently seen as handicapped. In most cases, the parent concept of a handicap was much more limited than the eligibility criteria of Texas Senate Bill #230.

The parent post-test survey was conducted from May 17 through May 27. The post-test (See Appendix L) was a condensed form of the pretest survey. An additional item was included to assess the awareness of the slogan, "Public Schools Are For the Handicapped, Too." Parents were randomly selected from the four targeted attendance zones. Forty of the parents were chosen from those who had received the pretest and forty new parents were selected from the group who had not been pretested in November.

When asked, "Have you ever heard of Senate Bill #230?", 12.5 percent of the parents replied that they had heard of it. The pretest percent had been 6.2. Further analysis, however, revealed that eight of the ten parents who had heard of the Bill were parents who had been in the pretest group. Only 5.0 percent of the new parents had heard of the bill.

> "A Z-test for the significance of independent proportions showed that two proportions differed significantly at less than the .01 level of significance." 1

[1]Dallas Independent School District Research Report No. 76-889

An overwhelming 97.6 percent of the parents said handicapped children should have the right to a public education but only 52.5 percent were aware that a Texas law guaranteed that right. This contrasted sharply with the 77 percent who reported an awareness of the legal right of the handicapped in the pretest survey. The post-test survey asked this question in two segments, opinion and awareness of law. It is obvious that pretest respondents answered the awareness question in terms of opinion rather than awareness.

Two questions in the post-test survey were directed at the slogan, "Public Schools Are For the Handicapped, Too." Eighty-five percent of the parents indicated that they had heard of the slogan.

> "The placement of a confidence interval about the observed percent of 85.0 indicated that the vast majority of parents in the target school were aware of the slogan. The limits of a confidence level (P$\underline{Z}$ .99) were 73.1 and 91.3 which meant that if one were to select 100 samples from the population, the percent of parents who had seen or heard of the slogan would range from 73.1 to 91.3 in 99 of the 100 samples. Consequently, one can be quite confident that about three-fourths of the population sampled would have reported awareness of the slogan." [2]

Parents were also asked to indicate the source of their exposure to the slogan.

[2] Dallas Independent School District Research Report No. 76-889

Thirty-four parents (44.2 percent) cited printed posters, twenty-one parents (27.3 percent) named the house-to-house canvass, eleven parents (14.3 percent) saw the slogan in some form of mass media and eleven parents (14.2 percent) heard indicated sources such as P.T.A., friends, brochures, etc.

These responses indicate that the poster accounts for almost half of the sources, and over seventy percent of all sources named were the poster or the house-to-house canvass. Posters displayed in frequently visited areas (supermarkets, laundromats, drug stores, libraries, etc.) were the most successful means of communicating the project slogan.

Child Find Activities

The project plan was to compare the results of the media campaign and the house-to-house canvass in terms of the number of unserved handicapped children located through these two activities. Several problems developed in our attempt to measure this. Table 4 indicates the referrals by location method.

Table 3

NUMBER OF FOUND CHILDREN BY LOCATION METHOD

Location Method	N	Percent Total
House-to-house canvass	10	9.4
Project telephone, parent	44	41.5
Project telephone, agency	36	34.0
Project teleohone, DISD	8	7.5
Other	8	7.5

One complication factor centered around the unknown number of children who had not previously been in school who entered the District throughout the year but entered through a procedure other than the project referral system. There is no way of counting the children impacted by the media campaign who were referred through other entry channels.

The project records indicate that only ten children were located by the house-to-house canvass in the low income area, however, many of the project calls from parents to refer children may have been prompted by information from someone who was visited by a canvass team or from a door knob hanger left on an unanswered door.

The canvass may have contributed much to the information campaign since 27.3 percent of the parents indicated the canvass as their source of their awareness of the project slogan.

Reduction of unserved children: Table 5 indicates the number and percentage of served children by handicapping conditions prior to the search and following the search.

Table 4

COMPARISON OF HANDICAPPED CHILDREN SERVED BEFORE AND AFTER SEARCH

Handicapping Condition	Number Served Before Search	Number Served Following Search	Percent of Served Increase
Minimally brain-injured	436 (47.0%)	459 (49.5%)	+ 2.5%
Emotionally Disturbed	5.6 (16.0%)	596 (16.2%)	+ 0.2%
Educable Retarded	1921 (52.0%)	1930 (52.5%)	+ 0.5%
Orthopedic-Other Health Impaired	586 (53.0%)	600 (54.4%)	+ 1.4%
Trainable Multiple Handicapped	524 (57.0%)	574 (62.4%)	+ 5.4%
Total	4053 (39.3%)	4159 (40.4%)	+ 1.1%

A fifty percent reduction in the number of children served and the number estimated by national incidence figures would have required the project to find 3,536 children. The project found a total of 106. Only 88 of these lived in the District. There are several possible reasons for the small number of children located when compared with those predicted by the national incidence figures. These possible reasons include the following:

(1) The incidence figures are gross estimates and do not represent the real handicapped statistics.

(2) Many of the moderately handicapped children are in school but are attending regular class. This could include all of the handicaps except the profoundly retarded or orthopedically impaired. The largest number of unserved children found were in the trainable retarded category (N=50).

(3) Many of the eligible handicapped children may be in area day care centers, Head Start programs or private agencies.

Costs attached to the child-find activities indicate that human service agency visits cost $6,200.00, the house-to-house canvass cost $9,700.00 and the media campaign cost $18,300.00. When the poster distribution was isolated from the remaining media campaign costs, the total cost of this distribution was $2,110.00. The posters seem to be the most cost effective means of communicating an awareness of the project, and an awareness of its telephone number.

Interagency Planning Model

During the planning stages of the project, representatives from the District and MHMR met to discuss the evaluation of our cooperative planning model. We agreed upon a review of our written plans and a feedback questionnaire from MHMR and District personnel. We agreed, by consensus, on an 85% level of positive response. We reasoned that approximately one-half of the staff of each agency that we approached prior to the project were not happy with our current relationship; therefore, we cited 85% as an adequate level of improvement.

Several problems developed during the year which served as barriers to the adequate evaluation of this portion of the practicum, also. Some of these problems are as follows:

(1) Many of the staff members of both agencies (approximately one-half who were approached on an informal basis) were satisfied with the isolation of the two agencies. Their informal comments indicated a certain amount of "turf protection."

(2) The director of MHMR, a psychiatrist, was highly critized for setting up a separate foundation to supplement his salary and to provide him with a Cadillac. He resigned. An acting director was appointed and several new board members of MHMR became extremely distrustful of any agency activities. The newspapers and other media carried numerous headlines delineating their colorful noisy board meetings. One of the MHMR board members made a formal request to the District board that they close down all MHMR facilities.

This made some members of the District staff reluctant to openly seek a cooperative arrangement with MHMR.

(3) The practicum participant learned after a few months of the project had lapsed that the Texas Education Agency and the Texas MHMR have a long history of noncooperation.

One state education agency staff member told the practicum participant that the education agency smiled when they read the proposal but funded it because they were anxious to see if any cooperation could be accomplished.

(4) The passage of P.L. 94-142 making public schools and state agencies of education responsible for the education of all handicapped students created defensiveness in all community agencies who currently serve these students and are funded through local charity organizations. Enrollment in these programs was decreasing. Two suburban school districts purchased one of these facilities and this increased the anxiety of staff members in the other agencies.

(5) The coordinator employed by the District was an aggressive, competent female named Betty. The coordinator employed by MHMR was a passive male who had just divorced an aggressive female named Betty. These two people were supposed to form a team symbolizing the cooperation between the two agencies. They never became a team. As a matter of fact, they openly fought by the end of the practicum year.

In spite of these difficulties and more, several positive steps were initiated between the two agencies. A tentative list of strengths of each agency was begun. The District's strengths and role delineations included:

(1) Automatic funding for students three to twenty-one through state Mimimum Foundation Funds.

(2) Excellent physical facilities and available space.

(3) State funding for transportation and special equipment.

(4) A mandate to serve all handicapped children from 3 to 21 years of age.

(5) An adequate staff of four hundred eighty-one special education teachers and twenty-one multidisciplinary appraisal teams.

(6) A computer capability for planning and programming.

(7) Access to state education agency decision makers.

(8) A research and evaluation component to support development activities.

(9) A publication and printing department capable of publishing printed material at minimal cost.

These strengths and role delineations of the MHMR included:

(1) Experience in working with profoundly handicapped students who had formerly been excluded from public schools.

(2) A completely developed curriculum for profoundly handicapped students.

(3) Staff development capability for training staff to teach and evaluate profoundly retarded children.

(4) A mandate to meet unmet needs of the handicapped which would enable them to serve the infants and adults who are not the responsibility of public school personnel.

(5) The development of the Developmental Evaluation Scale for screening and programming for profoundly handicapped children.

During the first year of the project the two agencies completed the following activities jointly:

(1) They conducted the child find activities together.

(2) Staff members visited each others programs and observed program activities.

(3) Staff members of each agency studied each others policies, procedures and funding sources.

(4) The MHMR staff trained the District staff in the utilization of the Developmental Evaluation Scale.

(5) The District invited members of the state and regional education centers to a meeting to review the possible utilization of the D E S in other parts of the state.

(6) The MHMR staff assisted in a summer workshop to train District appraisal teams in the assessment of profoundly handicapped children.

(7) Programmatic changes which were the direct result of the project included the addition of ten developmental centers to the District's special education program and the closing of one MHMR developemental center. The students formerly served in the MHMR center were transferred to the District program and plans are underway for MHMR to replace this center with a vocational program for young retarded adults.

Second year cooperative plans which have been finalized and are underway include the following:

(1) The District has printed the Developmental Evaluation Scale developed by MHMR and the Research and Evaluation Department has developed plans to validate this instrument in five other sites in Texas. The Texas Education Agency is cooperating with the project in this activity.

(2) The District is field testing the curriculum developed by MHMR in two of their programs for profoundly retarded children.

(3) MHMR is providing staff development consultation to the District teachers who work with profoundly retarded students.

(4) This project will sponsor a significant conference in November on the impact of P.L. 94-142 on schools and agencies. Participants will include 27 superintendents in the region, 27 directors of special education, 7 representatives of university training programs, directors of 18 non public school programs for the handicapped, 5 MHMR staff members, 5 District staff members, and 10 representatives from the state and regional education agencies. The Full Service Goal Conference proceedings will be published and a manual will be written which will enable the conference to be replicated in other sites.

These developments indicate significant progress in interagency cooperation. In spite of the problems which prevented the utilization of a formal questionnaire, representatives from the MHMR, the District, the Educational Service Center, Region X and the Texas Education Agency feel that the project made significant progress toward the development of an interagency cooperative model.

Routine Referral System

The following activities represent the critical activities completed in the development of the referral system:

(1) Identified twenty-five human service agencies who may see handicapped children during the routine performance of their duties.

(2) Assess information needs of the District.

(3) Developed guidelines and forms.

(4) Field tested forms and guidelines with three District personnel and three agencies.

(5) Revised form and printed.

(6) Delivered supply of forms and guidelines to agency personnel, distributed them in District.

The referral system hoped to be able to facilitate easy access to services from personnel in agencies outside the District and to monitor referrals of formerly unserved students who were referred directly to District personnel.

Once the referral was made to the District by the project staff, the District personnel assumed the responsibility for following through the referral and staffing the children into an appropriate program.

The 88 of the 106 found children who lived within the District and were within the 3-21 year age span were not staffed and placed before the end of the school term. Thirty-three of the children (37.5 percent) were staffed and placed by the end of the term. The remaining fifty-one children were somewhat in the bureaucratic machinery. These fifty-five cases had been referred for six to twenty weeks and no final decision had been made.

It is difficult to assess the problems with this referral system within the District. Some possible contributing factors include the following:

(1) The project revealed major flaws in the District's regular procedures for staffing handicapped children. The participant has been on the central staff for eight years and has been aware of frequent cases of

staffing mismanagement and long delays. This project, however, made these problems visible. The project involved another major agency to the District's "dirty linen" was accessible to the community.

(2) The District personnel were not emotionally prepared to face the reality of their responsibility to serve the multihandicapped profoundly impaired population. The first child who reached the staffing committee was sixteen years old and had no observable skills. The child had no speech, could not walk and was bedridden.

The area staffing committee deferred the case to the review board made up of executive team managers. The practicum participant was called into the review meeting and was asked, "What does the parent of this child expect us to do?" Events like this underscored the perception that the zero reject features of the legislation became a reality to the District staff during this project.

(3) The advocacy role of the project placed the participant in the position on monitoring the District's response to the found children. Many of the staff perceived the participant as the deliverer of the

problems. Frequent comments were made regarding the children the participant found. This personalized the project.

In the context of the resistance evident in the District personnel, no formal written questionnaire was attempted. A telephone interview with human service personnel, however, revealed their satisfaction with the system. Twenty-four of the twenty-five respondents felt that the system worked and was an improvement over the random procedures existing before the project. Twenty-one of the respondents mentioned the twenty-four hour answering service as a major source of assistance. Fourteen of them specifically mentioned the form as a helpful guide in describing the District's intake needs. Feedback following placement was the only problem specifically identified by fourteen of the respondents.

In summary, the referral system seemed to facilitate steps necessary prior to the entry into the District. District personnel, however, did not successfully pick up the process and place the children in programs.

SUMMARY

The project succeeded in communicating the project slogan, "Public Schools Are For the Handicapped, Too," however, they were unsuccessful in increasing awareness about Senate Bill #230. The most frequently cited source of awareness of the slogan was the poster.

The project located 106 unserved, handicapped people in the 3-21 age span. Only 88 of these were residents of the District. The largest number of the found children were multiply handicapped and profoundly retarded.

Canvass activities located only ten children and these were found in low income areas. The canvass also seemed to contribute to community awareness since it was the second most frequently cited source of awareness of the slogan.

Project referral procedures seemed to work well in facilitating referrals from human service agencies, however, there was a breakdown when the case reached the District staff. Delays of placement were typical since only thirty-seven of the children were placed before the end of the school year.

Visits to human service agencies were a successful means of locating unserved children. Thirty-four percent of the located children came from human service agency personnel.

A computerized information system was designed and initiated which contained the basic information on all special education students.

A cooperative interagency planning model was initiated with some success but because of local complications the plan could not be formalized and evaluated through the methods specified in the practicum plan.

RECOMMENDATIONS

(1) Continue the utilization of the poster with the slogan, "Public Schools Are For the Handicapped, Too." Add the words, "It's the Law in Texas" to the poster to increase awareness about the law.

(2) Extend the information system to include the students who are enrolled in private agencies to meet the District's mandate to track the placement of all handicapped children in the community and to allow a more accurate estimate of the unserved population.

(3) Continue house-to-house canvass in low income areas only for one additional year in order to investigate more fully the usefulness of the canvass in terms of child find results.

(4) Schedule periodic visits to human service agencies to further community awareness and child find efforts.

(5) Develop a case aide and District personnel handbook which specifies detailed referral procedures and conduct regular reviews to assess referral procedure adequacy.

(6) Provide regular summaries of project activities to District staff with the case status of each referred child indicated in the summary.

(7) Continue the development of cooperative arrangements between MHMR and District. Explore the possibility of piloting a facility for the profoundly handicapped jointly operated by the District and MHMR, with the District funding teachers, teacher aides, materials and facilities and MHMR providing support personnel such as physical and occupational therapist, staff development and consultation.

Follow-up and Dissemination

A second year of funding from the Texas Education Agency has enabled all of the recommendations to be implemented as activities of the second phase of the program. In addition to the implementation of these recommendations, several other actions have been taken to increase the awareness of District decision makers regarding their responsibility to serve all handicapped children and to provide additional resources to facilitate placement and programming for the found students. These actions included the following:

(1) A film has been produced by the project in both Spanish and English. The film describes the special education program, the rights of the handicapped and the Project: Zero Reject efforts to locate unserved children. This film has been shown to all top managers in the District and to the Board of Education. It is also being utilized to support and extend our community awareness efforts.

(2) A Full Service Goal Conference was sponsored by Project: Zero Reject and the Regional Educational Service Center. It was attended by superintendents and directors of special education in twenty-seven area school districts, directors of eighteen non-public schools for handicapped children and university deans from eight universities in the area. Representatives from the Bureau of Education for the Handicapped, the National Association of State Directors of Special Education and the

Texas Education Agency served as resource consultants at this conference which was designed to provide participants with a comprehensive understanding of P.L. 94-142 which mandates public education for all handicapped children.

(3) A Project: Zero Reject Case Review Committee has been organized to review the case of each child found by the project. This committee develops individual strategies for routing each child through the appraisal and staffing procedures which are necessary to move a case from referral to school placement.

(4) Eight Development Centers have been established in the District to provide an appropriate instructional setting for the complex multihandicapped students being located by Project: Zero Reject. The teachers and aides in these centers are receiving training my MHMR consultants who have had experience with these types of students.

(5) Additional funds have been obtained to employ a special appraisal team uniquely equipped to provide the assessment of these students and their education plan development. This team will also provide consultative support to the teachers of the Development Centers.

dallas independent school district

Nolan Estes
General Superintendent

Dear Parent:

In the fall of 1975 programs will be provided for handicapped children between the ages of 3 and 21. We are trying to locate children these ages who are orthopedically handicapped, who have severe vision or hearing problems, who are suspected mentally retarded or emotionally disturbed, who have a possible learning/language disability or who have a combination of these handicapping conditions and who are not enrolled in a school of any kind.

Please send us this information if you have such a child in your family or know one in the neighborhood.

NAME OF CHILD:_____

BIRTHDATE:_____

ADDRESS:_____

TELEPHONE NO.:_____

HANDICAPPING CONDITION:_____

Sincerely,

Principal

_____
School

3700 Ross Avenue, Dallas, Texas 75204, 214/824-1620

THE STATE OF TEXAS]
]
COUNTY OF DALLAS]

AGREEMENT

The Dallas Independent School District, hereinafter called the "District," acting by and through the Assistant Superintendent-Adaptive Education, and the Dallas County Mental Health and Mental Retardation Board of Trustees, hereinafter referred to as "MHMR," acting by and through the Acting Director, have agreed to cooperate in a Health, Education, and Welfare 89313 Grant entitled, "Project: Zero Reject," conditions as follows:

I

WHEREAS, the District agrees and promises to:

A. Serve as the fiscal agent of the project.

B. Coordinate and provide leadership for the project through the designated Project Director.

C. Provide funds to MHMR delineated in the project for the following:

1. Staff training of project personnel for a minimum of six (6) days. Diagnostic and Evaluation Interview scales and Manuals to serve the identified population. $5,000.

2. Funds to employ personnel. (See attached Exhibit B)

3. Car allowances for project personnel. $3,200.

4. Overhead projector, supplies, office telephone. $8,330.

II

WHEREAS, the Mental Health and Mental Retardation Center agrees and promises to:

A. Work in a cooperative mode with the District coordinating all activities with the Project Director.

B. Utilize the MHMR staff employed for the project as required to complete the program objectives.

C. Submit an itemized bill to the District monthly for services delineated in the grant, the amount not to exceed the itemized budget in the grant ($58,530).

D. Review project progress on a regular basis with the District.

III

WHEREAS, it is mutually agreed that the MHMR personnel assigned to the Project will function within the policies of the District and will not work independently of the District personnel on this project.

IV

WHEREAS, it is mutually agreed the District shall not be held responsible for any illnesses, injuries, or losses of personal property incurred by any persons assigned to MHMR or to the project.

V

THEREFORE, the District and MHMR shall jointly evaluate the project at the end of the first year.

VI

NOW, THEREFORE, this agreement shall remain in effect until the end of the first project year when a decision regarding a termination or extension of the project will be reached through negotiations with the parties concerned, dated this 15th day of September, 1975.

VII

Exhibit A, attached hereto, is made a part of this contract as though written hereon for all purposes.

DALLAS COUNTY MENTAL HEALTH AND MENTAL RETARDATION

By_____
Chairman, Board of Trustees

DALLAS INDEPENDENT SCHOOL DISTRICT

By_____
General Superintendent

Approved as to Form:

Ben Niederkorn, Jr.
School Attorney

EXHIBIT A

ABSOLUTE LIMIT OF LIABILITY IN MATTERS INVOLVING OUTSIDE FUNDING OF CONTRACTS AND EMPLOYMENT

In all cases where the District enters into any contract, or employs any person, firm or corporation, or undertakes any obligations, liability or responsibility and the money with which to fund same is to be derived from a specific outside source or sources whether State, Federal or private, such contract, agreement, employment or obligation by the District shall be made only upon the express agreement, understanding and condition that the liability of the District shall be limited to the actual funding of the subject project by such outside source and that in no event and under no circumstance shall the Dallas Independent School District ever be liable to the party contracted with for any sum whatever in excess of the funds on hand actually received by the Dallas Independent School District from the contemplated outside source, State, Federal or private, for the program involved, and such funds must be on hand at time for disbursement and be properly disbursable under the terms of the contract and under the rules, regulations, orders and directions of the donor or furnisher, and every term and provision of any such contract, agreement or employment shall be wholly subject to and subordinate to this absolute limit of Dallas Independent School District liability, and in every such contract, agreement and employment this absolute limit of liability shall control over all other provisions thereof express or implied. In no event shall revenues of the District, other than those specifically received and allocated to the particular contract, agreement or employment be expended on such particular contract, agreement or employment. The General Superintendent shall incorporate this limitation of liability by reference in all contracts, agreements and employment of the character referred to.

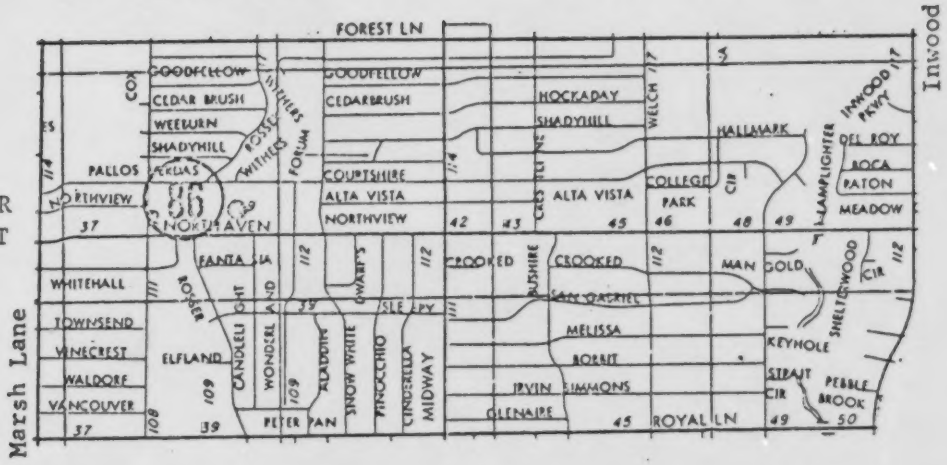
N

TOM C. GOOCH DISTRICT

NATHAN ADAMS DISTRICT

E. DEGOLYER DISTRICT

J. J. PERSHING DISTRICT



WALNUT HILL DISTRICT

Harry C. Withers School
3959 Northaven Road
Grades 1-7

Beginning at the intersection of Inwood Road and Forest Lane
Thence W on Forest Lane to Marsh Lane
Thence S on Marsh Lane to Royal Lane
Thence E on Royal Lane to Inwood Road
Thence N on Inwood to Forest Lane, point of beginning.

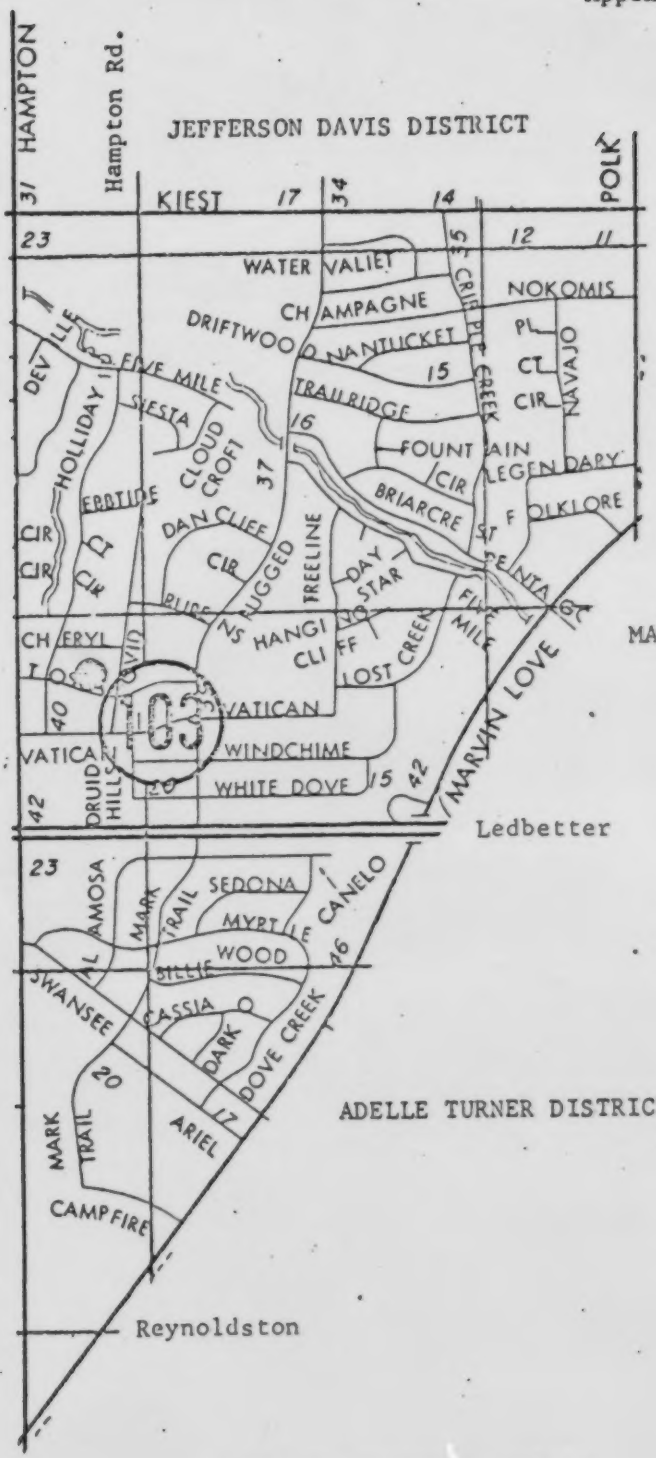
L. K. HALL DISTRICT

JEFFERSON DAVIS DISTRICT

DANIEL WEBSTER DISTRICT

MARK TWAIN DISTRICT

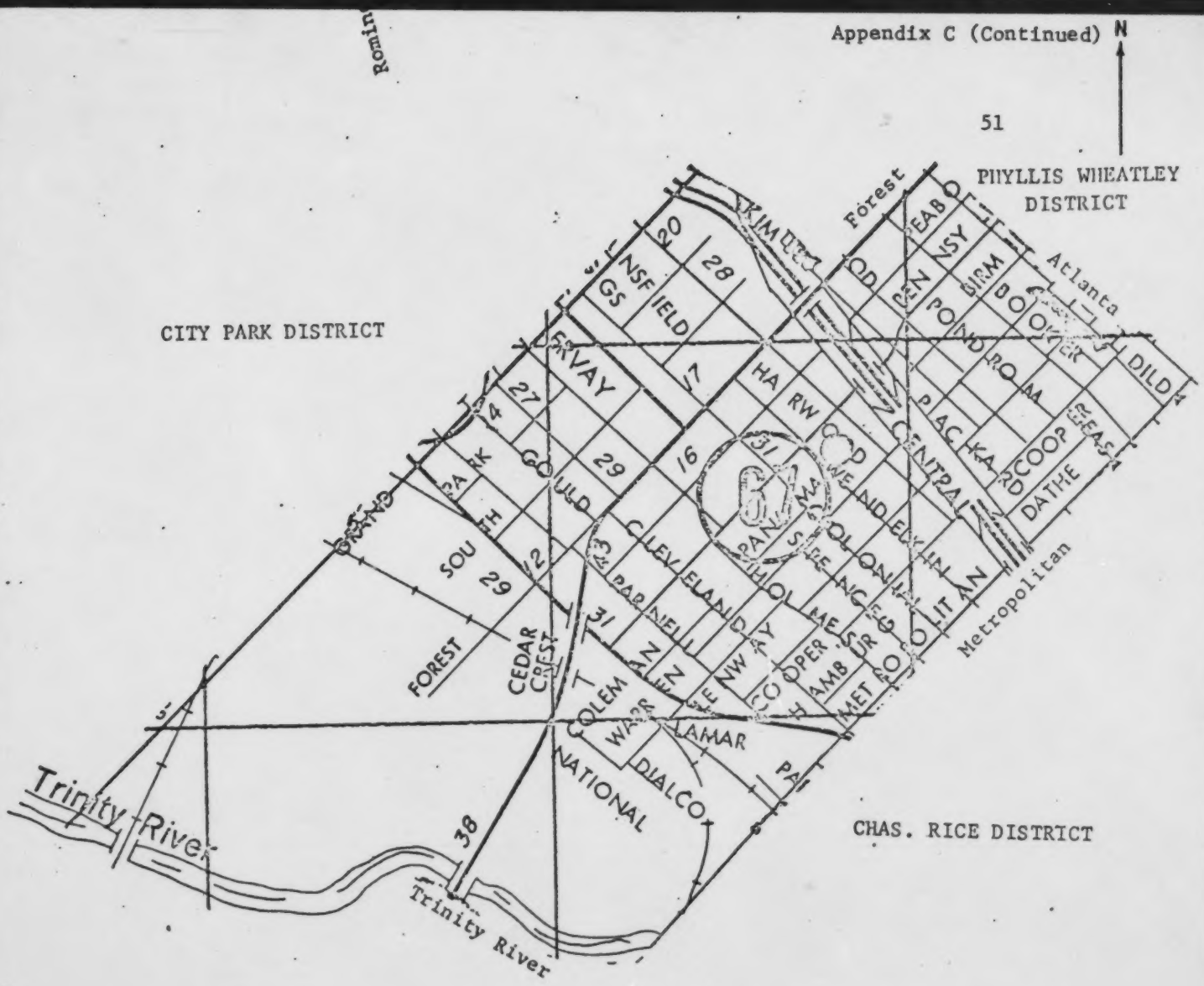
ADELLE TURNER DISTRICT



John W. Carpenter School
2121 Tosca Lane
Grades 1-6

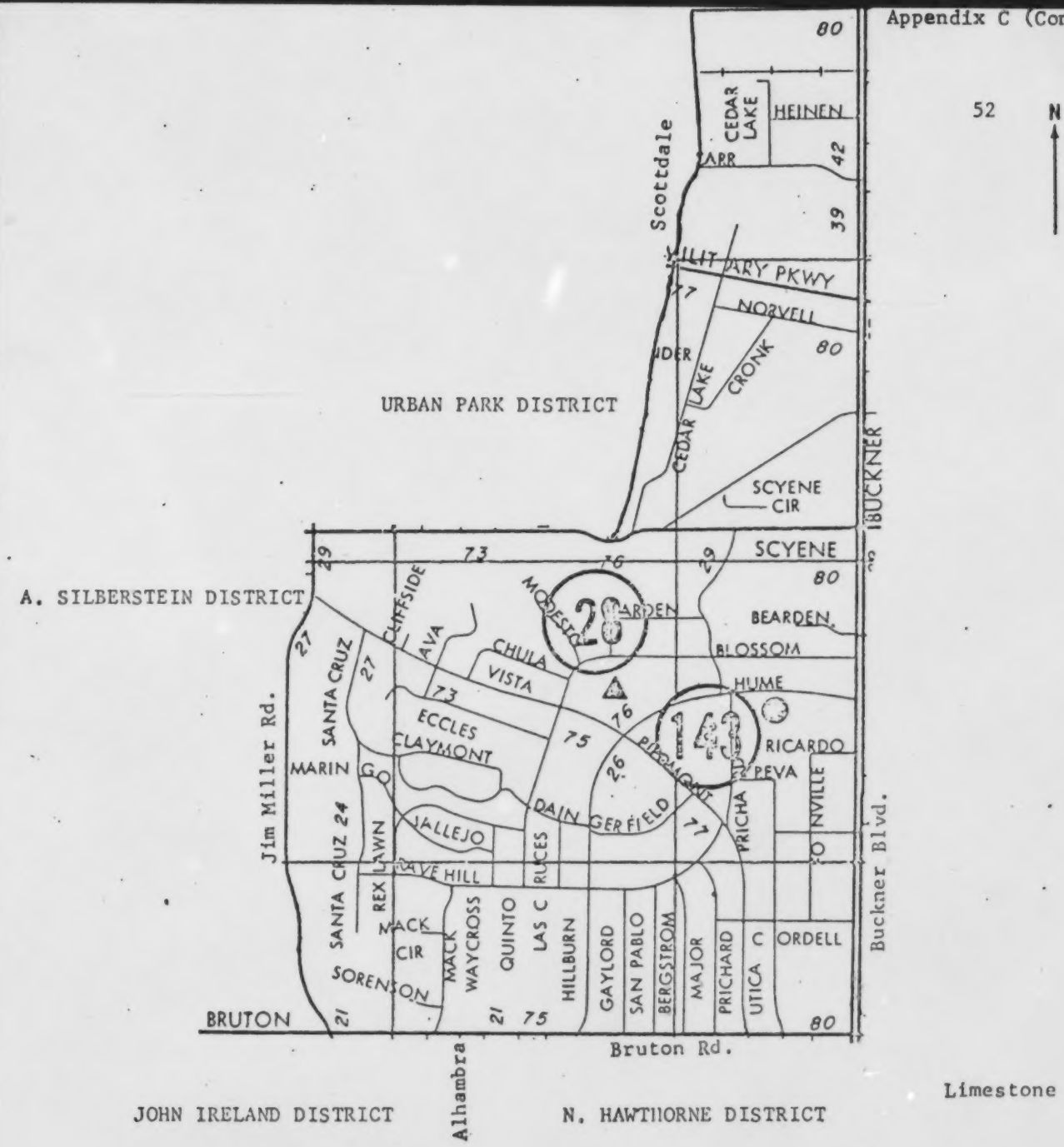
Beginning at the intersection of Hampton and Kiest
Thence E on Kiest to Polk
Thence S on Polk to Marvin D. Love Frwy.
Thence SW on Marvin D. Love Frwy. to Hampton
Thence N on Hampton to Kiest, point of beginning.

John W. Carpenter



Colonial School
1824 Pennsylvania Avenue
Grades K-1-6

Beginning at the intersection of South Central Expressway and Grand Avenue,
Thence SW on Grand Avenue (extended) to the Trinity River
Thence SE along the Trinity River to Metropolitan (extended)
Thence NE on Metropolitan to Atlanta
Thence NW on Atlanta to Forest Avenue
Thence SW on Forest Avenue to Central Expressway
Thence NW on Central Expressway to Grand Avenue,
point of beginning.



San Jacinto School
7900 Hume Drive
Grades 1-6

Beginning at the intersection of Forney Road and Buckner Blvd.
Thence S on Buckner to Bruton Road
Thence E on Bruton Road to Jim Miller
Thence N on Jim Miller to Scyene
Thence E on Scyene to Scottsdale (extended)
Thence N on Scottsdale (extended) to Forney Road
Thence E on Forney Road to Buckner Blvd., point of beginning.

1. United Cerebral Palsy Association
   Judy Tolliver
   7505 Parwelk
   Dallas, Texas 75235

2. United Cerebral Palsy Association
   Ann Linn
   7505 Parwelk
   Dallas, Texas 75235

3. Texas Central Hemophilia Chapter
   Sherie Bauman
   4306 N. Central Expressway
   Dallas, Texas 75206

4. Dallas Association for Children with Learning Disabilities
   Florence Mathews
   11028 Candlelight
   Dallas, Texas 75229

5. Dallas Association for Children with Learning Disabilities
   Dr. Ian Rule
   8333 Douglas - Suite #420
   Dallas, Texas 75225

6. Dallas Association for Children with Learning Disabilities
   Dottie Faroni
   11339 Royalshire
   Dallas, Texas

7. Dallas County Center
   Mental Health & Mental Retardation
   Jean Walling
   2710 Stemmons Freeway
   1100 Stemmons Tower, North
   Dallas, Texas 75201

8. Dallas County Center
   Mental Health and Mental Retardation
   2710 Stemmons Freeway
   1100 Stemmons Tower, North
   Dallas, Texas 75201

9. Dallas Association for Retarded Citizens
   Cindy Kowalski
   3121 N. Harwood
   Dallas, Texas 75201

10. Dallas Association for Retarded Citizens
    Edward Kirch
    3121 N. Harwood
    Dallas, Texas 75201

11. Mental Health Association
Carol Newberger
2500 Maple Avenue
Dallas, Texas 75201

12. Dallas Autistic Children
Mary Brock
11111 N. Central Expressway
Suite G
Dallas, Texas 75230

13. Dallas Council for the Deaf
Ann Phillips
10136 Robin Hill Lane
Dallas, Texas 75238

14. Callier Center for Communication Disorders
Judy Young Burton
1966 Inwood Road
Dallas, Texas 75214

FOR IMMEDIATE RELEASE: Dec. 5, 1975

PUBLIC SCHOOLS SERVE
HANDICAPPED STUDENTS

Do you know a handicapped youngster between the ages of 3 and 21 who is not attending school? If so, his or her parents should know that there's a place in the public schools for that child or young adult. This includes boys and girls who have learning disabilities, physical, mental or emotional handicaps.

The Dallas Independent School District (DISD) has received a grant from the Texas Education Agency to develop a system for locating unserved handicapped students and for jointly planning for these youngsters with a community agency. The Mental Health-Mental Retardation Center is the cooperating agency.

An information campaign is currently being conducted to inform the public, advocacy groups and human service agencies about services offered in public schools. Following the information phase of the project, a door-to-door canvas in targeted areas of the DISD will be conducted.

A 24-hour answering service has been installed to assist interested persons in obtaining information about handicapped students. The number is Project: Zero Reject, 224-4877.

#####

Communications Department • 3700 Ross Avenue • Dallas, Texas 75204 • (214) 824-1620

FOR IMMEDIATE RELEASE
December 4, 1975

EDUCATING THE
YOUNG HANDICAPPED
:20

DO YOU KNOW A HANDICAPPED CHILD OR ADULT BETWEEN THE AGES OF 3 AND 21 WHO IS NOT IN SCHOOL? A TEXAS LAW PROVIDES A PUBLIC EDUCATION FOR YOUNG PEOPLE WHO ARE PHYSICALLY HANDICAPPED, MENTALLY RETARDED, EMOTIONALLY DISTURBED OR LEARNING DISABLED. FIND OUT MORE--CALL 224-4877.

EDUCATING THE
YOUNG HANDICAPPED
:10

STATE LAW GIVES THE PHYSICALLY, MENTALLY OR EMOTIONALLY HANDICAPPED PERSON BETWEEN AGES 3 AND 21 THE RIGHT TO PUBLIC SCHOOLING. LEARN MORE--CALL 224-4877.

Communications Department • 3700 Ross Avenue • Dallas, Texas 75204 • (214) 824-1620

WHITE — Adaptive Education
CANARY — Project Zero Reject
PINK — Staff Member Completing Form

dallas independent school district

PROJECT: ZERO REJECT

Direct Request for Comprehensive Special Education Services

Name of Pupil _____ Birth Date _____
Last First Middle Mo. Day Year

Father _____ Mother _____

Child Lives With _____ Address _____
Relationship

Name _____ Telephone: Business Father _____ Home _____ Mother _____

Address _____

School _____ Primary Home Language _____

PERTINENT INFORMATION — WHERE AVAILABLE

Medical records _____

Psychological and/or psychiatric _____

School records _____

Other _____

INITIATOR OF REQUEST _____

REASON FOR REQUEST _____

Has this request been discussed with parent? Yes____ No____ Date _____

Completed by (Signed) _____

(Title) _____ (Agency) _____

(Date) _____

(TO BE COMPLETED BY DISTRICT)

DATE PERMISSION TO REQUEST AND SHARE INFORMATION FORM MAILED TO PARENT/GUARDIAN

DATE _____

DATE MATERIAL RECEIVED, STAFFING INITIATED _____

COMMENTS: _____

dallas independent school district

Nolan Estes, General Superintendent

November 4, 1975

Dear Parent:

The Dallas Independent School District will be conducting a survey concerning the educational rights of children in the near future. Several parents will be selected from your school community for the survey.

If your name is selected, someone from the Dallas Independent School District will be calling you by telephone, (either during the day or evening hours).

We would greatly appreciate your cooperation in helping us to complete the survey which will require only a few minutes of your time.

Sincerely,

C C Shaw

Calvin C. Shaw, Principal
San Jacinto Elementary
School

CCS:ck

dallas independent school district

PROJECT ZERO REJECT INTAKE WORKSHEET

Located _____

Referrant _____ _____ Date _____

Address _____ Phone _____

Agency _____

I. STUDENT INFORMATION

Name _____ Adaptive Education _____
Last First Middle

Address _____
Street City Zip Code

Birth Date _____ Chronological Age _____ Ethnicity _____ Sex _____

Primary language of client _____ _____ Home School _____

II. PERTINENT INFORMATION

	WHERE AVAILABLE
Medical Records	_____
Psychological and/or psychiatrist	_____
School Records	_____
Other	_____

III. FAMILY INFORMATION

Parent/Legal Guardian Names _____
Last First Middle Initial

Student living with _____ Relationship _____

Address _____
Street City Zip Code

Phone Numbers Home _____ Business _____

IV. NATURE OF PROBLEM

Presenting Problem/Complaint _____

_____

"How can we help you?" _____

_____

Any medical diagnosis or history _____

Staffing Results _____

_____

_____

SYNOPSIS OF THE
DEVELOPMENTAL EVALUATION SCALE

The Developmental Evaluation Scale (D.E.S.) is an instrument created for the purpose of assisting agencies working with the retarded in developing individual programs relevant to the attainment of the maximum potential of each developmentally disabled individual. The D.E.S. was designed to obtain developmental and maladaptive behavioral data in order to identify the level of abilities of clients so that problem specific individual program plans can be created. "Developmental" refers to those skills which are acquired within normal age expectations while "maladaptive" refers to those behaviors which interfere with the ability to function within the environment. The effectiveness of the proposed program plans can be measured by client movement (progress) through the acquisition of developmental skills and an increase or a decrease in the frequency of an observable behavior within the behavioral areas.

There are twelve major categories of skills and behavior that are assessed by the D.E.S.: Seizures, Physical Conditions/Constraints, General Health, Self-Help: Eating, Self-Help: Dressing, Self-Help: Toileting, Personal Hygiene, Mobility, Motor Skills, Maladaptive Behavior, Communication and Social Independence.

The categories of Seizures, Physical Condition/Constraints, General Health and Maladaptive Behaviors emphasize the frequency of behaviors (the number of times a behavior occurs), as well as the occurrence. An example can be found on the first page of Appendix A. The remaining categories are sequentially developed on a continuum from inability to perform a task to independent performance. The continuum parallels as closely as possible the normal acquisition of skills. For example, Self-Help: Eating, is divided into eight sections: Dependent feeding; Finger feeding; Spoon usage; Use of fork and knife; Drinking; Table manners;

Independence in feeding; and, Other items related to eating (i.e., diet, position in which client is fed, food allergies, etc.). With the exception of "Other items related to feeding", the sections are representative of the milestones in the acquisition of eating skills. Each section has a series of questions which are sequential steps based upon developmental norms. This can be seen on the second page of Appendix A.

The D.E.S. is administered by interviewing an informant who has intimate knowledge of the client being evaluated. The informant is asked specific questions which require either a yes/no response or a description of the client's behavior. The interviewer records the responses on an answer sheet which has been coded to follow the questions in the scale. Each question in the D.E.S. and the answer sheet has been coded and has the capacity to be programmed for computer utilization.

The format of the D.E.S. can be translated into long-term and short-term goals which lend themselves for objective measurement of client progress, of program effectiveness and, ultimately, cost accountability.

This concept can best be seen by example. In the "Self-Help: Dressing" category, the skill of undressing can be assessed. (See third and fourth page of handout.) The interviewer asks the informant: "Can (child) take off her dress as part of a routine (not including unzipping and unbuttoning)?" Based upon the informant's response, the interviewer will determine which statement most accurately describes client's current level of performance, which we will say is statement "e", "Child pulls dress over head when removed to that point or child steps out of dress." Statement, or level, "e" is base line; statement "f" becomes the short-term goal

working toward the long-term goal, "k", which is independent performance of the task. When the short-term goal of "f" is reached, then statement "g" becomes the next short-term goal; thus, you will ultimately reach independence through a successive approximation of the long-term goal.

It is unrealistic to expect all developmentally disabled individuals to achieve total independence in all areas assessed. Two primary constraints would be physical/medical reasons and maladaptive behavior. The D.E.S. attempts to identify the presence of these constraints as it directly affects the type of service plans developed for that individual. For example, the first level or statement in the last example that you read states: "Child has physical constraint preventing performance." This would indicate that the client is and will always be totally dependent and requires 100% external energy in order to take off her dress. The short-term and long-term goal would be to maintain the level of function with programs such as physical therapy.

The second statement is concerned with resistance in performing a task. The first level is indicative of physical resistance (fighting, kicking, etc.) so severe that the client's level of performance for this task cannot be assessed. Level #2 reflects a lesser degree of resistance, but still requires extra energy output above that which is required to help the client take off her dress. Level #3 is that type of verbal exchange which may normally occur in a day-by-day routine. The first two levels would dictate that a behavior control or modification program would preclude any program in training for acquisition of the skill of taking off a dress. Once the resistive behavior is eliminated, then base line assessment of that specific developmental skill can occur and short-term goals can be established.

The fifth, sixth and seventh pages of Appendix A are examples of the Communication and Social Independence sections of the D.E.S.

Upon completion of the interview, the information is translated into narrative statements following the outline of the scale. The information is then given to an interpreter who will summarize the data, correlate the information, develop a diagnostic profile in narrative form and make prioritized recommendations. The information is assimilated in report form and entitled "Functional Assessment". A sample of the Functional Assessment outline can be found in Appendix B.

The entire D.E.S. process can be summarized in the chart in Appendix C. This chart depicts the three types of staff involved, including the paraprofessional, clerical and professional, and how each is employed in the process. The administration of the D.E.S. can best be accomplished by paraprofessional staff. The professional staff required for interpretation of the data would be a psychologist, educational diagnostician, speech pathologist or other related fields who have a working knowledge of normal childhood development.

In summary, the D.E.S. is a mechanism to gather specific clinical data for the purpose of developing individual program plans, yet has the capacity for identifying large groups of service needs. It utilizes professional, paraprofessional and the clerical staff in the most efficient manner, thus reducing the cost of services to the consumer.

I. Behavior Effecting Himself

no A. Does child engage in any self-injurious behavior?

(If yes, circle the kinds of behavior and indicate frequency per day.)

1. Head banging
2. Biting himself
3. Slapping himself
4. Scratching himself
5. Other (specify): _____
6. Other (specify): _____

no B. Does child have temper tantrums?

(If yes, circle the kinds of behavior exhibited and frequency per week.)

1. Kicking
2. Screaming
3. Hitting
4. Throwing
5. Crying
6. Falling on floor
7. Other (specify): _____

no C. Does child engage in any ritualistic activities or behavior that he repeats over and over which seems to have no purpose?

(If yes, circle the kinds of behaviors which occur and frequency per day.)

1. Rocking back and forth
2. Twirling sticks or other objects
3. Screaming
4. Repeating meaningless words
5. Waving fingers and hands in front of face
6. Other (specify): _____

IV. Self-Help - Eating

(If answer to question is No, ask questions in Sections A, B, F and G. If Yes, ask questions in Sections C, D, E, F and G.)

no GENERAL QUESTION: CAN YOUR CHILD FEED HIMSELF WITH A SPOON?

A. Dependent feeding

no 1. Is subject fed only by a bottle?

(If yes:)

no 2. Is sucking adequate?

no 3. Is subject fed foods by spoon?

(If no, go to Section B, "Finger Feeding". If yes, continue questions in this section.)

no 4. Does child open mouth voluntarily?

no 5. Can child remove food from spoon with his lips?

(Can child take the food or does parent have to put food in mouth?)

no 6. Does child let spoon be removed from mouth without involuntarily biting on it?

no 7. Does he retain food in mouth without involuntarily pushing food out of his mouth with his tongue?

no 8. Does child manipulate food in mouth (in some manner moves food in his mouth)? Does he look like he is chewing it?

no 9. Does child swallow food without choking?

B. Finger feeding

no Question: Does child eat finger foods, including chewing and swallowing (child eats bread, french fries, chicken, etc.)?

e. Child can button partially (i.e., pushes button half-way into hole) with some assistance from adults

f. Child can button following verbal instructions - minimal assistance needed

g. Child can button - no assistance needed

h. Child can button - occasionally needs reminding

i. Child can button independently as part of a routine - no reminding needed

F. Dresses (female)

1. OFF

Question: Can child take off dress as part of routine (does not include unzipping and unbuttoning)?

no

a. Child has physical constraint preventing performance

b. Child is resistant

(1) Physically resists

(2) Initially resists, but behavior can be modified

(3) Occasionally resists, usually verbal

c. Child cooperates passively - not resistant

d. Child is cooperative and positions herself appropriately while someone else takes off her dress

e. Child pulls dress over head when removed to that point or child steps out of dress

f. Child pulls dress up over chest and head after arms removed from sleeves or child moves dress from waist to feet and steps out

g. Child removes one arm from sleeve and pulls dress over head or steps out

h. Child removes both arms from sleeves and pulls dress over head or steps out

i. Child undresses on request

j. Child removes dress independently, needs occasional reminding

k. Child removes dress as part of routine, no reminding needed

2. ON

- no

Question: Can child put on dress as part of routine, no reminding needed?

a. Child has physical constraint preventing performance

b. Child is resistant to putting on dress

(1) Physically resists

(2) Initially resists, but behavior can be modified

(3) Occasionally resistant, usually verbal

c. Child cooperates passively - not resistant

d. Child is cooperative and positions herself appropriately while someone else puts on dress

e. Child can step into dress or put dress into place after pulled over head

f. Child can put one arm into sleeve or armhole after the other has been aided

g. Child can put both arms into sleeves or armholes and correctly position dress on body

h. Child can put on dress on request

i. Child puts on dress, needs occasional reminding

j. Child puts on dress as part of routine, no reminding needed

II. Oral Language

A. Systems of communication

(Circle most appropriate statement and follow the instructions at the end of the statement.)

QUESTION: HOW DOES CHILD EXPRESS OR COMMUNICATE HIS NEEDS?

1. Does not communicate; has no sounds, gestures or words
   (Go to Section B, Question 1.)
2. Has only throaty sounds, i.e., "Ah", but are not used to communicate needs
   (Go to Section B, Question 1.)
3. Uses different sounds to express hunger, pain and anger
   (Go to Section B, Question 1.)
4. Uses sounds like /bababa/, but the sounds do not stand for a person, object or action
   (Go to Section B, Question 4.)
5. Uses one or two sounds that stand for a person, object or action
   (Go to Section B, Question 8.)
6. Uses simple words and pointing
   (Go to Section B, Question 10 - one year level.)
7. Single functional words, i.e., "Potty" or "TeeTee", "Drink" or "Juice"
   (Go to Section B, Question 11 - eighteen month level.)
8. Single functional phrases, such as, "Go potty", "I want milk", "Foot hurt"
   (Go to Section B, Question 12 - two year level.)

9. Simple controlling phrases, i.e., "I wanna go outside", "get me some breakfast", "I need to potty", "Let's play ball".

(Go to Section B, Question 20 - three year level.)

10. Uses complete sentences of five or more words and can count three objects

(Go to Section B, Question 27 - three and a half year level.)

11. Uses complete sentences and can tell you a believable story about an action picture

(Go to Section B, Question 34 - four and a half year level.)

B. Expressive language scale

(Basal for Section B is three (3) consecutive yeses. After finding basal, continue questioning until you reach a ceiling which is three consecutive no's. When ceiling is reached, go to Section C, Receptive Language, and begin questioning at the same level that Section B was begun, i.e., One Month to One Year Level.)

One Month to One Year Level

s no 1. Does child make sounds when playing alone?

s no 2. Does child laugh out loud?

s no 3. Is laughter appropriate when pleased or being entertained?

s no 4. Does child use sounds like "Da", "Ma", "Ba"?

s no 5. Does child use sounds (laughter, da, da, oh, oh) to get people to play with him?

s no 6. Does child repeat sounds made by adults?

IV. Personal Management

no A. CAN CLIENT GO OUT DURING THE DAY WITHOUT SUPERVISION AND WITHOUT FEAR OF HIM GETTING IN TROUBLE OR GOING WHERE HE IS NOT SUPPOSED TO GO?

(If no, circle statement most appropriate.)

1. Child has physical constraint which prevents or interferes with independence
2. Child is not allowed out of the house

(If yes, specify reason:)

a. _____

3. Child can go outside in the yard, but must have supervision
4. Child can go outside in fenced area, no supervision needed
5. Child can go to selected neighbors' homes (or dorms) accompanied by someone
6. Child can go to selected neighbors' homes (or dorms) with someone watching him go
7. Child can to to selected neighbors' homes (or dorms) with one adult notifying the other - no direct supervision
8. Child can go to selected neighbors' homes (or dorms) unsupervised
9. Child has freedom to go anywhere in his immediate neighborhood (or campus)
10. Child can go outside the neighborhood (or campus) with someone supervising him
11. Child goes to school on his own or to familiar places outside the immediate neighborhood without supervision

SAMPLE REPORT OUTLINE

NAME OF THE DIAGNOSTIC UNIT

Functional Assessment

Name:
Birthdate:
Chronological Age:
School Placement:
Date of Report:
Examiners: (name of the diagnostic unit)
Referral Source:
File:

REASON FOR ASSESSMENT: (NAME) was evaluated in an effort to determine his current level of functioning in the areas of physical, self-help, motor, maladaptive behavior, communication and social skills in order to facilitate the development of a service plan for him.

BACKGROUND INFORMATION:

ASSESSMENT MECHANISM: Developmental Evaluation Scale

RESULTS: The Developmental Evaluation Sclae was administered using _____(NAME), _____(RELATIONSHIP), as informant,

Physical:

Self-Help Skills:

Motor:

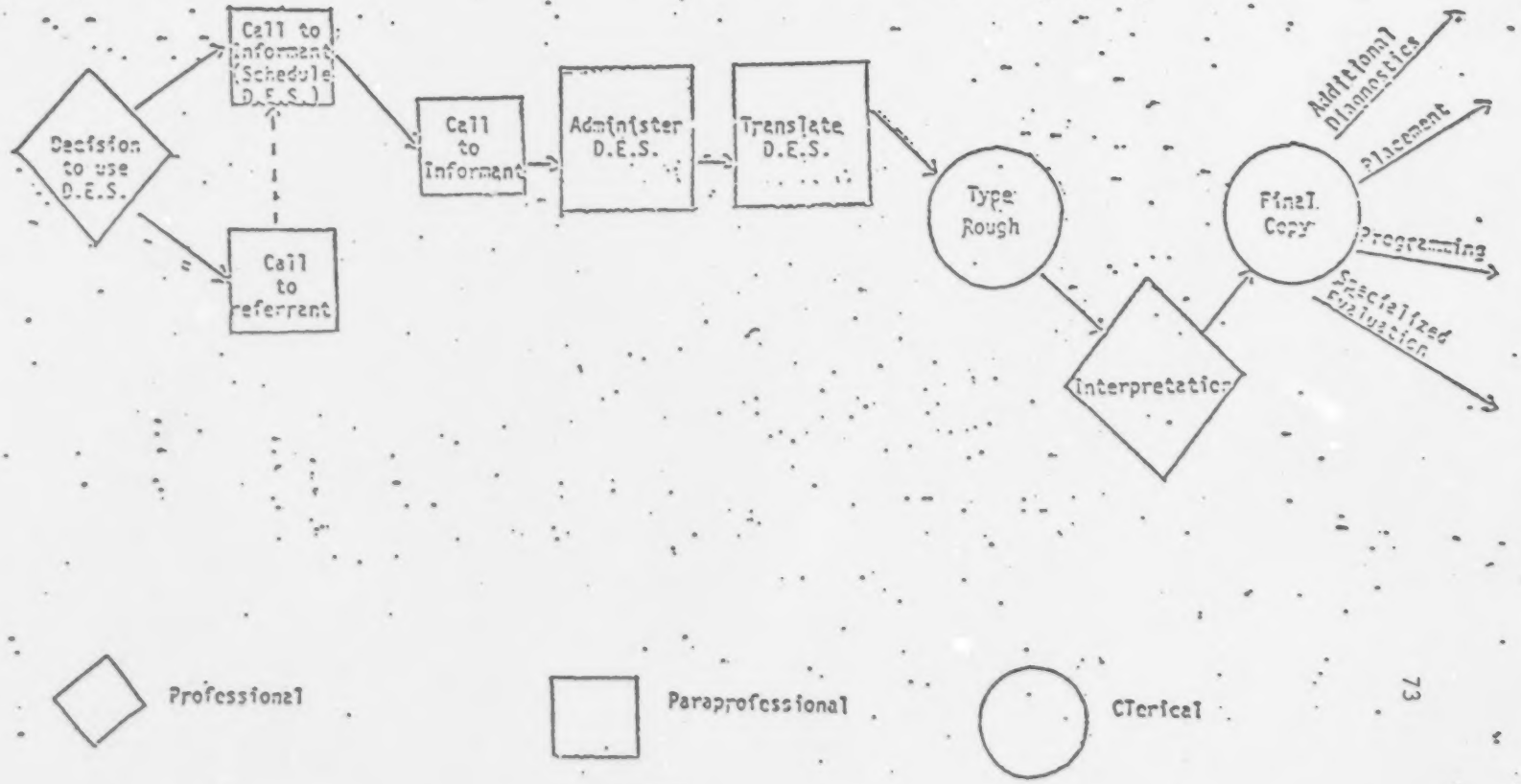
Maladaptive Behavior:

Communication:

Social Independence:

SUMMARY AND RECOMMENDATIONS:

THE D.E.S. PROCESS



Mental Health and Mental Retardation

PROJECT ZERO REJECT

8601 Willoughby Blvd. • Dallas, Texas 75232

(214) 224-4877

DISD

Federally Funded Through the Texas Education Agency

COMMUNITY SURVEY

Complete before telephoning:

Circle
(M F) _____Name of Respondent

_____School or Agency

_____Date

Circle
(A.M. P.M) _____Time Interviewer_____

Complete during telephone call:

My name is_____and I work for the Dallas Independent School District. In order to help us in planning a community information program, I am conducting a random survey of people in the community.

The survey will take about _____minutes, and I wonder if you could please take about _____minutes of your time right now to answer some survey questions for me?

If Yes

If No - Is there a time when I might call you back. when you would have more time?

1. Yes_____ 2. No, do not wish to respond_____

(If and only if, respondent asks, say that the survey has to do with the educational rights of children. If respondent asked, check box at the left.)

Thank you for your time. The first question is:

PART ONE

Yes No

1. Have you ever heard of Texas Senate Bill 230? (Just answer yes or no.)

2. If yes, what does Senate Bill 230 mean to you? (Just answer briefly in your own words.)

_____

3. What does the phrase "handicapped child" mean to you? (Just answer briefly in your own words.)

_____

_____

4. What does special education mean to you? (Just answer briefly in your own words.)

_____

_____

Now I will read a very short description of a child. This description does not refer to a real student or person, but is just an example made up for this survey. The first description is:

A second grade boy who cannot walk.

Now, would you say that ...

a. this child is handicapped?

b. Texas public schools are legally required to provide some kind of different or modified educational program for this child?

Please answer this question by choosing one of these four choices:

I would almost always / frequently / sometimes / rarely say that this child is handicapped.

So the four choices are <u>almost always</u>, <u>frequently</u>, <u>sometimes</u>, or <u>rarely</u>. The second child description is:

1. Almost always
2. Frequently
3. Sometimes
4. Rarely

1. third grade boy / girl
A high school boy / girl who gets average grades in all his/her school subjects.

1. Almost always
2. Frequently
3. Sometimes
4. Rarely

2.(S) third grade boy / girl
A high school boy / girl who is totally deaf and connot hear anything.

1. Almost always
2. Frequently
3. Sometimes
4. Rarely

2.(M) third grade boy / girl
A high school boy / girl who can only hear the teacher when he sits at the front of the classroom.

Would you say that....

1. Almost always
2. Frequently
3. Sometimes
4. Rarely

3. Second grade boy / girl
High school boy / girl who can see normally as long as he/she wears glasses.

1. Almost always	4.(S)	Second grade boy		
2. Frequently		girl	Who is confined to a wheelchair.	
3. Sometimes	A	High school boy		
4. Rarely		girl		
1. Almost always	4.(M)	Second grade boy		
2. Frequently		girl	Who has no muscle control in	
3. Sometimes	A	High school boy	one arm.	
4. Rarely		girl		
1. Almost always	5.	Third grade boy		
2. Frequently		girl	Who can hear very well as long	
3. Sometimes	A	High School boy	as he/she uses a hearing aid.	
4. Rarely		girl		
1. Almost always	6.	Third grade boy		
2. Frequently		girl	Who speaks faster than anyone	
3. Sometimes	A	High school boy	in his/her class.	
4. Rarely		girl		
1. Almost always	7	Third grade boy		
2. Frequently		girl	Whose school progress is not as	
3. Sometimes	A	High school boy	fast as most of the kids in his/	
4. Rarely		girl	her class.	
1. Almost always	8.(S)	Second grade boy		
2. Frequently		girl	Who does fine in reading but	
3. Sometimes	A	High school boy	can't do a simple arithmetic	
4. Rarely		girl	problem.	
1. Almost always	8.(M)	Second grade boy		
2. Frequently		girl	Who is getting along OK in	
3. Sometimes	A	High school boy	school but writes some letters	
4. Rarely		girl	backwards.	
1. Almost always	9.(S)	Second grade boy		
2. Frequently		girl	Who is blind and cannot see.	
3. Sometimes	A	High school boy		
4. Rarely		girl		
1. Almost always	9.(M)	Third grade boy		
2. Frequently		girl	Who can only see well enough to	
3. Sometimes	A	High school boy	read very large print.	
4. Rarely		girl		

1. Almost always	10.(S)	Third grade boy		
2. Frequently		girl	Who stutters when he tries to	
3. Sometimes	A	High school boy	talk.	
4. Rarely		girl		

1. Almost always	10.(M)	Third grade boy		
2. Frequently		girl	Who has trouble saying words	
3. Sometimes	A	High school boy	that begin with the 'ch' sound.	
4. Rarely		girl		

1. Almost always	11	Second grade boy		
2. Frequently		girl	Who frequently has mild muscle	
3. Sometimes	A	High school boy	cramps in his/her legs.	
4. Rarely		girl		

1. Almost always	12.(S)	Second grade boy		
2. Frequently		girl	Who can't remember his name or	
3. Sometimes	A	High school boy	where he lives.	
4. Rarely		girl		

1. Almost always	12.(M)	Second grade boy		
2. Frequently		girl	Who can't remember the alphabet.	
3. Sometimes	A	High school boy		
4. Rarely		girl		

1. Almost always	13.(S)	Third grade boy		
2. Frequently		girl	Who won't talk to his/her teacher	
3. Sometimes	A	High school boy	or classmates.	
4. Rarely		girl		

1. Almost always	13.(M)	Third grade boy		
2. Frequently		girl	Who is always getting into a	
3. Sometimes	A	High School boy	fight with someone.	
4. Rarely		girl		

1. Almost always	14	Third grade boy		
2. Frequently		girl	Who hardly ever gets mad or shows	
3. Sometimes	A	High school boy	any emotion.	
4. Rarely		girl		

That completes this section of the survey, and now I have only three more questions.

PART THREE

1. At what age do you think the Texas Public schools are legally required to accept handicapped children for schooling?

   6 months 3 years 6 years No opinion

2. At what age do you think the Texas public schools are legally no longer required to educate the handicapped child?

   16 years 18 years 21 years No opinion

3. Can a Texas public school legally refuse to accept a handicapped child who is of legal age?

   Yes No No opinion

Interviewer:

Complete the following if respondent took all or part of the actual survey.

How would you describe this respondent's attitude toward the interviewer? (Circle more than one if desired)

1. pleasant 2. cooperative 3. indifferent 4. irritated 5. hostile

Do you think the respondent gave the survey a reasonably serious effort?

1. Yes 2. Probably 3. Maybe not 4. No 5. Couldn't tell

COMMUNITY SURVEY

Complete before telephoning:

Circle
(M F) _____ Name of Respondent

_____ School

_____ Date

Circle
(A.M. P.M.) _____ Time Interviewer _____

Complete during telephone call:

My name is _____ and I work for the Dallas Independent School District. In order to help us in planning a community information program, I am conducting a random survey of people in the community.

The survey will take about _____ minutes, and I wonder if you could please take about _____ minutes of your time right now to answer some survey questions for me?

If Yes - Thank you for your time.

If No - Is there a time when I might call you back, when you would have more time?

1. Yes _____ 2. No, do not wish to respond _____

☐ (If and only if, respondent asks, say that the survey has to do with the educational rights of children. If respondent asked, check box at the left.)

Retest: Yes No

Interviewer:

Complete the following if respondent took all or part of the actual survey.

How would you describe this respondent's attitude toward the interview? (Circle more than one if desired)

1. pleasant 2. cooperative 3. indifferent 4. irritated 5. hostile

Do you think the respondent gave the survey a reasonably serious effort?

1. Yes 2. probably 3. maybe not 4. No 5. couldn't tell

During the past several mont s, there has been a campaign to make the Dallas community more aware of the educational rights of handicapped children. Part of this campaign has been the slogan:

'Public schools are for the handicapped, too.'

Yes No 1. Have you ever seen or heard this slogan?

If yes, can you tell me where you saw or heard the slogan?

_____

Yes Maybe No 2. Do you think handicapped children should have the right to an education?

Yes No 3. Did you know that there is a state law in Texas that guarantees the right to education for all handicapped children?

Yes No 4. Not counting the time you were surveyed last November, have you ever heard of Texas Senate Bill 230?

5. If yes, briefly in your own words, what does Senate Bill 230 mean to you?

_____

As you probably know, a special education class has been one of the ways that schools have used to provide education for handicapped children.

Yes Maybe No ___ 6. Do you think that a child who is totally deaf and cannot hear anything should be in special education?

Yes Maybe No ___ 7. Do you think that a child who is confined to a wheelchair should be in special education?

Yes Maybe No ___ 8. Do you think that a child who does fine in reading but can't do a simple arithmetic problem should be in special education?

Yes Maybe No ___ 9. Do you think that a child who is blind and cannot see should be in special education?

Yes Maybe No ___10. Do you think that a child who stutters when he tries to talk should be in special education?

Yes Maybe No ___11. Do you think that a child who can't remember his name or where he lives should be in special education?

Yes Maybe No ___12. Do you think that a child who won't talk to the teacher or classmates should be in special education?

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